

## Office of U.S. Senator Bill Hagerty

Privacy Act Release Form

In accordance with the provisions of the Privacy Act of 1974 (Public Law 93\_579), your written consent is required so that we may contact a federal agency on your behalf.

*Name:	
*Address;	
	*State: *Zip Code;
	*Email:
	*Social Security Number:
	Branch of Service:
	sed to a third party, please provide the following information:
Name(s) and relationship:	Email:
	e to assist, please list the office:
	cal, state, or federal court in regard to this matter? (Circle one) YES or NO
*REQUIRED: Briefly state your problem and the	he outcome you are seeking below. If you need more space, please continue essional inquiry does not guarantee your desired outcome.
hereby authorize the office of Senator Bill Hagerty to nuddition, I authorize the agency to discuss with the office ANY past and present application, claim, and/or case/file	make the appropriate inquiry on my behalf pertaining to my request for assistance. In e of Senator Bill Hagerty any condition, action, and other information associated with e that I have with the agency.
Signature (sign in ink):	
his signature must be from an individual who is 18 years of ag	e or older and is requesting assistance or has a pending case with a federal agency. Third party

This signature must be from an individual who is 18 years of age or older and is requesting assistance or has a pending case with a federal agency. Third party signatures, including those of immediate family members, are not acceptable. Federal agencies will not release information without the signed consent of the proper individual. Electronic Signatures are not valid.

Please return completed form to: Senator Bill Hagerty 3322 West End Ave., Suite 120 Nashville, Tennessee 37203

Email: Rachel Jones a hagerty senate gov

Phone: (615) 736-5129 Fax: (615) 269-4803